

## REFERRAL CRITERIA

Person being referred should:

- be over 18 and under 65 years of age,
- be currently experiencing mental health difficulties,
- have no current suicidal intent,
- have a readiness and motivation to try/attend a structured programme of walking,
- be discharged from acute services and be living independently in the community,
- have a reasonable insight into their mental health needs and take responsibility for its management
- have no chaotic or dependent substance misuse,
- have a minimum fitness level – must be able to walk for a minimum of 45 minutes,
- have an interest in improving their quality of life through active involvement in programme activities, and
- have the motivation/ability to work in partnership with staff and other participants (risk issues regarding aggression to others will require consideration).

Please feel free to contact us to discuss any person's appropriateness for the service.

Following receipt of the referral, a decision will be made if Solas is the appropriate service to meet the person's needs. If accepted, Solas will contact the person and a date for trying the programme will be offered.

Please feel free to email any queries to [christina.greene@hse.ie](mailto:christina.greene@hse.ie)

Thank you for taking the time to complete this referral form.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## DETAILS OF PERSON BEING REFERRED

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## REFERRER DETAILS

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to person: \_\_\_\_\_

## GP DETAILS

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Reason for Referral (include current mental health difficulties, history)

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Is this person attending any service? Mental health service/Drug & alcohol/Psychology?  
Please provide name of support person.

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Risk issues (include risk to self and others)

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Any other relevant medical/other details? Please include all current medication. Has the person attended any other training programmes?

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Which Solas programme is this Referral for?

Falcarragh

Buncrana